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MEDICAL EXAMINERS'
INSTRUCTIONS.

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TO
MEDICAL EXAMINERS

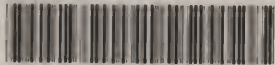
THE
MANHATTAN LIFE
INSURANCE COMPANY
OF
NEW YORK,

HENRY B. STOKES, - - President

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PAYMENT OF MEDICAL EXAMINERS' FEES.

Medical Examiners are paid monthly from Home Office. The books are closed on the 15th of each month for the purpose of drawing warrants which are forwarded direct to the Examiner about ten days later. The fees for examinations received between the 15th and date of forwarding warrants necessarily go over to following month.

*It is not necessary to send a bill for exam-
inations.*

Paul C. Frazer

Secretary.

INSTRUCTIONS

TO

MEDICAL EXAMINERS.

In order that there may be uniformity and completeness in the practice of examining applicants for insurance in THE MANHATTAN LIFE INSURANCE COMPANY OF NEW YORK, the following brief instructions are presented with the hope of effecting the desired object:

It is not necessary to enter into a long discussion respecting the relation which the applicant bears to the examiner and *vice versa*. This is well understood by every educated physician. It is sufficient to remind him that he is appointed and employed by *the Company* and not by the agent; that he receives his compensation from the Company, and that all information, confidential or otherwise, obtained in the course of the examination, *is for the benefit of the Company and for its use*. Such information should be forwarded to the Company at once, whether the applicant is accepted or rejected.

If it is necessary, in the opinion of the examiner, to withhold from the applicant or agent the fact that the applicant

has been rejected on the examination, such information must be forwarded to the Company direct. All communications of this character, as between the examiner and the Company, will be held as strictly confidential in every respect.

If an agent asks an examiner to "run over" a case preliminarily, or if a proposed applicant is known to have a disability, the examiner will please forward information confidentially and direct to the Home Office, covering the undesirable points, together with the name, date of birth, residence and occupation of the party, in order that it may be recorded at the Home Office for future use. This information will be paid for at the rate of the examiner's usual office fee for a patient, not exceeding \$2.00.

Such cases will be treated as indefinitely postponed applicants.

The blank to be used in examinations should, as far as possible, be the latest issued by the Company; and in filling it out every question should be answered categorically "YES" or "NO." Ditto marks should not be used: they are confusing, and often convey no information whatever.

After the examination has been completed, it is requested that the examiner will review the same carefully, supplying any omissions and notice any corrections necessary before forwarding his report to the office. He should attest any alterations or emendations by his initials. This is important in order that delays and a possible loss of the case may be prevented.

Following the blank furnished by the Company, we desire to give the examiner a few specific instructions in regard to several questions asked.

First.—Has the party ever been declined by another Company, and for what reason? The examiner should always ask this specific question, not only as an aid during the process of examination, but in order to *assist the Company in securing the facts* of the rejection or postponement. Such information when secured will be referred back to the examiner, and a request will be made to re-examine the applicant in the light of the new facts, as these points must be cleared up before we can finally act upon the case. This, of course, is not intended as a reflection upon his ability or integrity, but it is done in order that the truth may be ascertained and a possibly bad risk saved the Company. The Company often finds it necessary to decline risks recommended by the examiner, not because there is lack of confidence in the examiner, but because the rules of the Company require such action to be taken.

Second.—How long have you resided in this State?

It often happens that an applicant has recently removed from another part of the country, in order, not only to improve his business, *but his health*, as well as to avoid a re-examination by an examiner who has already acted unfavorably upon his case. He has found that his health was not good in his former place of residence, and he has come to his new abode possibly by the advice of a physician.

The facts of the case should in every instance be investigated, and a full report presented to the Company at the time of the examination. Be specific also in stating the length of residence and whether he is acclimated.

The occupation of the party should be fully explained and general terms should not be used. The occupation of merchant may be differently interpreted by different people in various parts of the country, and may not only include his legitimate business, but may be used to cover an illegitimate occupation or a highly objectionable or hazardous one. For instance, the ordinary country merchant oftentimes sells powder, and frequently has in connection with his store a bar for the retailing of liquors. The occupation of the applicant, therefore, should be fully inquired into, and any objectionable feature should be reported. In case of a clerk, salesman or employé of any kind, state the character of business of his firm or employer, and the duties of the applicant in connection therewith.

The *residence* of the applicant includes not only his home, but also the location of the house and the territory in which his home is situated. In this view, is his home situated in a healthy location? That is, are there any *malarial or other deleterious influences at work which will affect his good health and longevity?*

In this connection we will merely mention that the examiner should, as far as possible, give the Company the benefit of whatever knowledge he may possess regarding the

sanitary conditions of that part of the country at large in which he may reside, as well as the characteristic and particular classes of disease peculiar to it. Such information will be gratefully received and acknowledged by the Company.

The kinship of the examiner to the applicant is an important element in the examination. It is only necessary to state that a relative of the applicant should not examine him. The examiner should be perfectly free to give an unbiased opinion in regard to the applicant, and he should have no pecuniary interest whatever in the transaction.

It occurs frequently that our regularly appointed medical examiners are the *family physicians* of parties who make applications for insurance to this Company.

We find it of the utmost importance that applicants for insurance should never be examined by their own or by their family physician.

The agent is instructed to ascertain from the applicant the name of his own or his family physician, and in cases where our medical examiner occupies that position to employ the services of another one of our regular appointees, resident in the town or city where the applicant resides; and should there be only one regularly appointed examiner of this Company residing there, he will employ the examiner of one of the first-class old line New York Life Insurance Companies who resides there, informing us in a letter of advice why he had the party examined by this physician,

and giving the name of the Company whose medical examiner he is.

This rule is to be observed strictly, as examinations made by the applicant's own or family physicians cannot be favorably passed upon.

The examination of the applicant naturally divides itself into three parts:

First—His family history;

Second—His personal history, and

Third—His physical condition.

We propose to carefully consider these three points, making such comments upon them as seem necessary.

FAMILY HISTORY.

Every medical man who has kept a record of his cases or who has examined the literature of the subject, has undoubtedly been struck with the fact that a certain tendency to diseases which has manifested itself in the ancestry of his patients has also shown itself either as to the identical maladies or those germain to them in the patients themselves. This fact has become so noticeable that every scientific practitioner makes inquiry as to the diseases of which the immediate, as well as the collateral relatives have died, and according to the nearness of these relations and their numbers, so will be the probable intensity of the influence upon the individual.

If the patient is afflicted with an affection of the throat, lungs or chest, and some of his relatives have died of diseases situated in either of these localities, suspicion is at once aroused that the patient may also have a similar affection in a latent state, and especially if the physical signs point that way, and the treatment is directed accordingly.

This principle is utilized in the business of insurance. Thus, although the party is supposed to be in health, else he would not be presented for examination, if his relatives have died of constitutional diseases, these diseases are given a certain value, and according to the nearness of kinship to the applicant and the number of instances in the family as above stated, so will be their influence upon the insurability of the applicant, and the life by so much will be impaired. Of course the age, personal history, occupation and environment of the individual must also be considered.

The family history of the applicant is a very important factor, therefore, and being so, it is desirable that the examiner shall record it carefully, getting from the applicant or other reliable sources all information upon this point possible, *filling up every part of the blank*, even the duration of the illness which is so universally disregarded. It is well known, also, that certain families *die at or about certain ages* from causes other than constitutional. This is the vulnerable period in his family history as well as in himself. There may be in individuals as well as in families, therefore, a want of vitality, and such families and individuals are designated as

“short-lived.” This has its value in the style of insurance which the Company is willing to write.

If any member of the family is not well, or is delicate, state specifically, as near as possible, the nature of such sickness; its cause, duration and the present condition of such member.

If the parents of the applicant are blood relations, this fact should be stated, and if any characteristic effects are noticeable, state particulars.

In recording the causes of death, vague and unmeaning terms should not be used, such as “*general debility*,” “*child-birth*,” “*exposure*,” “*female diseases*,” “*complication of diseases*,” and the like. Such terms convey no particular information to the Home Office, and are apt to be, and often are, construed to mean a condition more grave than the real facts of the case would warrant. Examiners are requested to analyze the statements which the applicants make, and state specifically, as nearly as possible, the cause of death. In case of accident, state whether death was immediate or lingering, and the cause of the protracted illness. In case of *confinement*, state previous health, duration and other particulars when necessary, or whether such member of the family died *in labor*. A “complication of diseases” necessarily carries with it the idea of a protracted illness, with a numerous train of consecutive attacks, hence a suspicion of consumption, especially since such a large percentage of the human race die of this disease. Please be specific, if possible, and state the dura-

tion of diseases, as well as all other obtainable or necessary details. It should also be remembered that constitutional diseases often show themselves in the second generation. Please, therefore, be particular to record the causes of death, as nearly as possible, of the grandparents, as well as their ages at death.

The blank should be filled up by the examiner.

PERSONAL HISTORY.

This portion of the record of the applicant is necessarily historical. It does not come within the knowledge of the examiner, except as to those conditions which have left traces behind, or when he may have been the physician of the party examined. We prefer that this part of the history shall be recorded by the examiner, as others may take an unduly liberal view of the conditions asked about, or indeed they may not know what the questions mean, and answer "yes" or "no" in a perfunctory manner; or again, they may designedly answer in the negative, hoping that the truth may not be discovered. When these questions are answered by others, the examiner should go over them carefully, *seriatim*, and satisfy himself that they have been correctly answered, and when necessary make an explanation of any particular point sufficiently elaborate to convey the exact condition of affairs. If the applicant has ever HAD any disease, it is not sufficient to say "yes;" state the cause

when necessary, duration, intensity and effects of the disease, *and the present condition of the applicant.*

If he has met with an accident, state full particulars; if he has lost a limb, state how it occurred, the exact location of the amputation and the effect of the loss upon the health of the individual, and his ability to provide for his sustenance, or escape from danger; that is, whether he wears a well fitting artificial limb, uses a crutch, or other proper appliance; if he is blind or deaf, let us know the *facts*; if one eye has been lost, state the condition of the other, and whether there is a probability of the loss of the remaining eye; if there is history of ear disease, state the character, date of attack and present conditions of the organ. If the disease is active, or if *any* disease is active, for that matter, the applicant is not insurable. A sufficient length of time must elapse to show that he has returned to a condition of health in all cases where the sickness is curable.

Of course, it is necessary to be sure of the identity of the applicant. With this view observe his handwriting, or other methods of satisfying yourself must be resorted to. If the handwriting has a shaky appearance, look for the cause, especially whether it is due to some nervous condition not otherwise manifested. The record as to the color of the hair, or eyes, as well as any physical marks, must be carefully noted, for future reference. Experience, however, has demonstrated that, as permanent signs of identification, the color of the hair and eyes is not

to be relied upon, for the hair may be changed suddenly, and we know that if the insured lives long enough age will also change its color. On the other hand, the color of the eyes may be, and sometimes is, changed by disease, so also the examiner himself may incorrectly record it, through carelessness or color blindness. Physical marks, such as crooked fingers, moles, scars, tattoo devices, etc., are more reliable and should always be looked for.

The name, age, social condition, nationality, color, are all important, and call for exactitude of record.

The examiner should observe whether the age of the applicant corresponds with his appearance, and ascertain whether he exercises sufficiently to preserve his health.

The habits of the applicant having an immense influence upon his health, and consequently longevity, should receive close attention and inquiry. Hence the Company has incorporated in the blank a series of questions with the view of getting exact information. It is expected that the examiner will assist us in elucidating this information. Strange to say, it is sometimes very difficult for them to draw from the applicant the truth of the matter, either from a desire on the part of the applicant to overstate facts, or to conceal them. At any rate, if an applicant uses liquors of any kind to excess, spirits, wines or fermented beverages, *he is liable to accident or to become the victim of disease*, and hence *his life will be shortened*, so that whereas the tables of expectation call for a life

of a certain duration at a given age, it will be curtailed. Such lives are not desirable.

It has been said that a daily use of liquors equal to a given amount of absolute alcohol may be allowable; but it is evident that no unvarying rule can be established. Some individuals can consume more, others less, without apparent harm. We propose to consider each case upon its merits, with the understanding that *we do not desire applicants who use alcohol in any form to excess.*

Barkeepers or keepers of saloons are not good risks. While they may not use their own goods to excess, there is always a temptation, often irresistible, for business reasons, that they will thus use them. Again, the bar-room or liquor salesroom is the scene of frequent brawls, in which the life of the barkeeper or proprietor is often sacrificed in their attempts to maintain order.

The opium or narcotic habitué is undesirable. These vices are often carried on secretly, and the examiner should be on his guard to discover the characteristic symptoms, as the contracted pupil in opium poisoning, etc.

Tobacco, if used to an inordinate degree, has an unfavorable effect upon the nervous system and the heart. The drug seldom leaves an organic trace, but the functional effects are often very evident while they are present. This refers to tobacco in any form, including cigarettes, which often contain opium. The applicant should be postponed,

especially if there is the so-called "tobacco heart," or if the nervous system has been unduly impressed.

Applicants with a bodily malformation or deformity may not necessarily be debarred from insurance, and yet on the other hand, such malformation or deformity may be so conspicuous as to be a bad advertisement for the Company; or again, it may indicate a constitutional condition which renders the applicant undesirable, and which may not make itself manifested in any other way. Such conditions should be closely examined and the facts reported.

It will not be necessary to discuss each individual disease mentioned in the application. It is hoped and expected, however, that the examiner will assist the applicant, as before remarked, in his efforts to give a clear and truthful record of his past and present condition, so far as he knows them.

The question of syphilis has received much discussion within recent years. Whether a syphilitic can or cannot with safety be insured is still undetermined. We prefer not to lay down any invariable rule, but will consider each case as it is presented on its merits. We, however, do not care to consider an applicant who has had syphilis until a sufficient time has elapsed after he has been *cured*, and will not, under any circumstances, accept an applicant who is the subject of either tertiary or inherited syphilis.

When an applicant who has had syphilis is presented, we will require a full symptomatic and chronological history of

the disease, together with the treatment employed and the name and residence of the attending physician.

If an applicant has had rheumatism it should be stated whether it was "inflammatory," how many attacks, and how recently, and whether the heart has been affected. In such cases the heart should be carefully examined. *Any* case of rheumatism, muscular or otherwise, should be fully investigated.

An applicant who has had spitting or coughing of blood is looked upon with great suspicion, especially if there is any tubercular history in the family. It is very difficult to determine the exact source of the blood, notwithstanding the positive assurance of the applicant that it came from a tooth, etc. Experience has shown that a vast majority of such cases die of consumption. They are either not insurable, or a sufficient time should elapse after the occurrence to insure perfect health. In this respect *undoubted* cases of spitting or coughing of blood should not be presented until ten years or more have passed since the occurrence. In any event, extreme care should be exercised in the examination of the lungs, and *any abnormality whatever* should be reported.

The examiner should inquire, with great care, into the nature of any disease which the applicant may have had, together with the effect which such condition may have left, either physically or mentally.

The Company prefers to have those who have not been vaccinated duly protected by vaccination.

The ruptured must wear a suitable truss before they can be accepted. State the variety of the rupture, and whether it is double or single. Irreducible hernia will not be accepted.

When the party is the subject of varicocele, state whether he wears a proper suspensory bandage.

Cases of hydrocele will not be accepted until radically cured.

In case of a pensioner, a full description must be furnished of the disability.

THE PHYSICAL EXAMINATION.

This should be made in private. Especially should the agent *not* be allowed to be present, as he is an interested party and very often embarrasses the examiner and interferes with the operations of the examination.

Be particular to record the impression which the applicant makes upon the examiner, *i. e.*, his figure, physique and general appearance.

The height and weight of an applicant in regard to his insurability is of so much importance that tables have been constructed as a guide by which a general judgment may be formed in this respect, but it is evident that no fixed weight can be given for a corresponding height in a given condition of health, and, therefore, a sliding scale has been arranged for those who are under or over a certain standard, generally twenty per cent. below and forty-five per cent. above. For the convenience of examiners the table used at the Home Office is incorporated in these instructions.

STANDARD MEASUREMENTS.

FROM 25 TO 60 YEARS OF AGE.

HEIGHT.		WEIGHT.	20 PER CENT. UNDER WEIGHT.	45 PER CENT. OVER WEIGHT.	CHEST.
Feet.	Inches.				
4	9	100	80	146	32
4	10	105	84	153	32½
4	11	110	88	160	33
5	0	115	92	167	33½
5	1	120	96	174	34
5	2	125	100	181½	35
5	3	130	104	188½	36
5	4	135	108	195	36½
5	5	140	112	203	37
5	6	143	114	207	37½
5	7	145	116	210	38
5	8	148	119⅓	215	38½
5	9	155	124	224½	39
5	10	160	128	232	39½
5	11	165	132	239	40½
6	0	170	136	246	41
6	1	175	140	254	41½
6	2	180	144	262	42
6	3	185	148	270	42½
6	4	190	152	278	43

The height and weight here given represent the healthy individual in the best part of his life, say from age twenty-five to sixty, as it is evident that it would not be fair to judge the weight of a very young applicant before he had attained his normal or usual weight, or of the old who had begun to lose his weight by the same standard as we judge the healthy man in the prime of life. Women also are not to be judged according to the standard of men, as during young ages they are lighter in proportion to their height, and in later life they are often heavier.

If the applicant is much below the twenty per cent. the

examiner should look for the cause. It will, unless it is a family characteristic, be found that there is a disturbance in nutrition or that it represents an actual diseased condition. Remember that there is a cause, and that cause must be reported.

So, also, on the other hand, the heavyweight is abnormal. Look into the family characteristics, the habits of the applicant, his occupation, whether there is a tendency to obesity, in a word, look for the cause and report it.

The height and weight should be exactly stated, and the applicant should be weighed at the time of the examination.

In cases bordering upon the extremes of light and heavy weights, state the probable weight of the clothing.

As a general proposition, the abdomen should not exceed the measurement of the chest at deep inspiration.

If the applicant is over weight, state whether the same is due to muscular or adipose tissue, or to large bones, and whether it is evenly distributed, and at the same time make the various measurements as indicated in the following schedule:

1. Measurement of the neck?
2. Measurement from first cervical vertebra to last lumbar vertebra?
3. Measurement of upper part of trunk, outside of shoulders?
4. Measurement of circumference of arm, midway between elbow and shoulder?

5. Measurement of circumference of body, around the hips?

6. Measurement of circumference of thigh, midway between hip and knee?

7. Measurement of circumference of calf, midway between knee and ankle?

8. Measurement of length of leg, from hip to ankle?

9. Does he take plenty of outdoor exercise, or is he of sedentary habit?

10. Conditions of muscular system?

11. What was his weight at twenty, twenty-five and thirty years of age?

12. Has his weight materially increased or decreased during last ten years?

13. Is this excessive weight a family characteristic?

If there is rapid loss or gain in weight, the cause must be ascertained and reported.

The pulse and number of respirations should be taken at the beginning of the examination, as well as at the end.

Measurements of chest and abdomen should be made next the skin, or at most with only a thin garment intervening. Measurements of the chest in the male should be made on a level with the nipples, and in case of females just above the mammæ.

The chest expansion should at least be about two to two and one-half inches.

The abdominal measurement should be taken on a level

with the umbilicus, and in case of female risks it should be made at the waist. If the abdomen is unduly prominent, state the fact together with the cause.

It is supposed, of course, that our older and experienced examiners have acquired sufficient skill in the use of the tape measure to enable them to give us a uniformly accurate measurement of the chest and abdomen. For the benefit, however, of the beginner or the recent appointee, and at the same time as a guide to all, we will briefly outline the method of manipulation which we prefer:

Having prepared the chest and placed the tape measure as suggested, draw it gently but firmly around the thorax at rest, without stretching it, until it fits snugly at every part. Pull the tape a little and let it slack again until you are satisfied that the measurement is accurate; then note the figure indicated.

Now let the applicant slowly expel all the air from the lungs which he can comfortably throw out; take the measurement as before and note the figures.

Again cause the applicant to inflate his lungs, pressing the distal end of the tape upon the chest and permitting the other end to follow the expansive movements of the chest until the lungs have become filled up, without straining, as in deep inspiration; then once more note the number of inches.

It often happens that applicants will not or cannot inflate their lungs. They will shrug the shoulders and make

various attempts to do so; but the examiner must not be satisfied with this. He must make sure that there is an expansion and a sufficient expansion—two to two and one-half inches or more as before stated.

In a general way this method in taking the measurement of the abdomen may be carried out. The abdomen having been prepared as suggested, let the tape rest firmly but accurately around the body, pull it taught and let it slacken until the examiner is satisfied that a comfortable tension is secured, then note the figures as before.

These methods will insure a uniformity and an accuracy which cannot be otherwise obtained, and will assist the Home Office very much in coming to a proper conclusion in regard to these matters and in making up future statistics.

Auscultation and percussion should be performed with as little clothing intervening as possible.

The urine should be passed in the presence of the examiner, or in his immediate vicinity, in order that he may be satisfied that it is not the urine of another, and should be examined soon after voiding chemically. *Do not accept specimens brought to you in a bottle.* When the urine is turbid, the cause of the turbidity should be determined and reported. It is well to filter turbid urine before the *chemical* analysis.

When a microscopical examination is required, the urine should be examined in its natural state, due time having intervened after voiding. It should in all cases be examined

chemically for albumen and sugar, whether the specific gravity is high or low.*

On applicants for amounts under \$10,000 no microscopical examination of the urine is to be made except when required by the Company.

If the examiner cannot unqualifiedly recommend the risk, he should give us his reasons confidentially; and as before stated, if he does not wish to record them on the application blank, he should be careful to forward such communica-

*The solutions of sulphate of copper and the alkaline tartrates required for Fehling's test should be kept in separate bottles and the test solution for sugar mixed when required, on account of the well-known tendency to rapid deterioration, especially in warm temperatures.

The urine should be examined for albumen by both heat and nitric acid.

The following are convenient methods of applying the Cold test for albumen:

To Float Urine upon Nitric Acid.—Having placed a sufficient quantity of acid in a test tube (about a drachm), form with filtering paper a small funnel; adjust it to the open mouth of the test tube; then pour a small quantity of urine in the funnel and allow it to run down the side of the test tube held slantingly. By this means the urine is filtered, and, if carefully done, the characteristic white ring will soon be observed, when albumen is present.

To Cause Nitric Acid to Flow Beneath the Urine.—Cut a very small slit in the top of a rubber cap similar to those used for ink fillers; fit the cap snugly upon a short pipette; then having the test tube about half filled with urine, filtered when necessary, and a sufficient quantity of nitric acid in the pipette, place the end of the forefinger upon the top of the cut bulb and press it gently so as to admit the air. As the air enters, the acid will flow out, and, being of a greater specific gravity than the urine, will trickle down the side of the tube to the bottom; and, if albumen is present, the usual white ring will be formed.

tion so that it will reach the office before action can be taken upon the case.

The Company will not audit more than one fee for examining the same applicant within thirty days.

Neither will extra compensation be allowed for travelling expenses. Such extra charges must be at the expense of the agent. Extra fees will not be allowed when further information concerning a given case is called for, as it is expected that all necessary information will be *obtained by the examiner at the time of the examination*, and that he will be ready to answer any question relating to the examination when required to do so.

Those having the following physical conditions are not insurable in this Company :

The totally blind or totally deaf, the hunch-back, or those conspicuously crippled ; those who have sustained amputation at the hip, or after any amputation if there remains any unhealed condition of the bone or soft parts ; those who have had bleeding of the lungs, the victims of tertiary or hereditary syphilis, those who have or have had paralysis of centric origin, organic heart disease, cancer, chronic rheumatism or gout, or any intractable skin disease, asthma, (not hay fever,) frequent attacks of any disease ; delirium tremens, insanity, epilepsy or apoplexy, vertigo-persistent, emphysema of lungs or of the body, chronic bronchitis, consumption, if this disease has appeared in three members of the family, one of whom shall be a parent, or in both parents ; excessive light

weight or excessive obesity, or those who are suffering from any organic or chronic disease.

The following occupations exclude :

Gamblers, bar-keepers, hotel proprietors who attend their own bars ; any individual who is engaged in retailing liquors, or who uses intoxicants to excess ; bakers, day-laborers, employés on railway trains (except passenger conductors) ; switchmen (except tower switchmen) ; car couplers, track laborers, men in blast furnaces, puddlers, powder mills, fireworks factories ; those actually engaged in making dynamite or other highly explosive materials ; balloonists, ordinary seamen, men operating saws in saw mills, or who actually work around circular saws ; divers, submarine workers, men handling electric wires or dynamos and line-men ; laborers in mines, well diggers, bleachers and handlers of bleaching materials, workers in drug mills, especially where irritating or narcotic substances are ground ; workers in mercurials, as thermometer makers ; professional baseball players, professional athletes or circus performers : and in general, those employments are excluded which are extra hazardous in that they are destructive to life or undermine the health of the individual.

FEMALE APPLICANTS.

The examination of female applicants is often attended with great difficulty, and it is sometimes almost impossible to secure a satisfactory representation of their exact con-

dition. It is on account of this fact, among others, that companies hesitate about accepting them. When female applicants are presented for examination, we request our examiners to exercise the greatest care to particularly ascertain the exact condition so far as possible, of their reproductive system, in addition to the general facts pertaining to both sexes. Does she menstruate regularly, and are her catamenia in sufficient quantity? If not, is the difficulty due to some local cause, or is her general condition at fault? Has she any tumors or swellings of any sort? If so, their locality and nature? Is she pregnant? Duration of pregnancy? If yes, she should be postponed until a sufficient time has elapsed after labor to establish her usual good health. Have her labors usually been easy and natural, or have they been difficult? Has instrumental delivery been necessary? If possible, ascertain the cause. Has she passed her climacteric? If yes, was that period accompanied by any unusual symptoms or conditions, either physical or mental? and has her health been reestablished? Has she been or is she married, or is she a widow? Please give the date of her marriage.

The urine should be examined in all cases, and the examiner must be satisfied that the urine was passed by the applicant.

In case of an abortion, please state whether it was criminal or otherwise.

In short, please give us all points necessary concerning her

physical, mental and moral conditions, so that, as in the case of male applicants, the papers can be acted upon promptly, without the delay necessary to write for further information.

We need hardly remind our valued corps of examiners that a spirit of accommodation should prevail as between the examiner and agent. The agent will not of course call upon the examiner at hours which are palpably unseasonable or unreasonable, as for instance, very late at night or while the doctor is performing an operation, while on the other hand it is expected that the examiner will use every possible effort to further the interests of the agent by adapting his time to the necessities of the case, and by the use of all diligence and promptness. If he finds that the business interferes with his practice in an undue degree, it is expected that he will so notify the Company, in order that a proper appointment can be made of an alternate examiner.

Finally, and at the risk of repetition, after the examination has been completed, signed, dated (*at the time the examination is made*) and the signature of the applicant affixed, the examiner is earnestly requested to review his report in order that any omissions may be supplied (the corrections made to be attested by his initials) or explanation of obscure points furnished. Much correspondence and delay will be avoided

policies will be more promptly delivered, agents accommodated, and the business of the Company in every way facilitated.

M. B. DUBOIS, M. D.,
GEO. W. WELLS, M. D.,
Resident Physicians.





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